

DANGER AVERTED.

The wisdom of referring the names of all applicants for membership in county societies to the office of the State Society for a report before taking any action, was emphatically illustrated quite recently when the secretary of a certain county society sent in the name of one Frank B. Morrill as an applicant. The records disclose but one of this name licensed in this state. They also disclose the fact that the person of this name was an advertising specialist in "men's diseases" and "blood diseases" on Third street, near Market street, San Francisco, and that there were many nasty cases reported about him. The activities of the Board of Medical Examiners made it very uncomfortable for him and so, presumably, he decided to be good and get all whitewashed so he would look nice and clean. Wouldn't he make a nice member!

TAXING PHYSICIANS.

A prominent member of the Society writes as follows: "Can a city legally collect a business license tax from a licensed physician, in this state"? It can. There are a number of supreme court decisions on this point, one of them here in California. Furthermore, we find in Blackstone's Commentaries, Book III, Ch. 9, 158: "For it is a part of the original contract, entered into by all mankind who partake the benefits of society, to submit in all points to the municipal constitutions and local ordinances of that state, of which each individual is a member. Whatever, therefore, the laws order anyone to pay, that becomes instantly a debt, which he hath beforehand contracted to discharge." This is fundamental common law, and provided the local ordinance is not so worded as to discriminate against persons of the same class, and that it does not conflict with a superior statute, it is good and valid. Those following any special calling, as lawyers, clergymen, physicians and the like, may be compelled to pay a local tax if the community so wills it and provided all are treated alike. "Can one to whom the state has issued a license to practice anywhere in the state be further required to pay a further license to the local municipality?" This point involves in part what has been said. It obviously shows a lack of appreciation of what a license to practice medicine really is, which is almost universal. A license to practice is not a right held by the individual; it is in no sense property. It is rather a right held by the state and is in the nature of a temporary police permit to practice medicine, without molestation, provided the regulations formulated by the state are complied with. It may be withdrawn at any time, by the state, if these regulations are not complied with. One holding a license does not have to use it; he may not wish to practice as a means of livelihood, in which event the municipality, even though having an ordinance taxing practicing physicians, could not extract from him the amount of this tax. Medicine, like law, as a profession, has lost much of its original quality. The introduction of the system of charging fees, in both instances, bring them somewhat from out the domain of a pure

profession and place them, at least in part, in the class with business enterprises where individuals do things for gain or profit. Formerly neither profession, or the members of it, *charged* anything for their services. Originally lawyers were officers of the crown and physicians received such emoluments or honorariums as were *voluntarily* given them. It is only recently that either could sue to collect fees from client or patient.

SOCIAL INSURANCE.

In view of the fact that the JOURNAL, from the time that industrial insurance was first broached in this state, expressed the opinion that it was merely the forerunner of general sickness insurance, the following (infra) editorial from a recent number of the Journal A. M. A., is interesting. It is a safe bet that this further sociologic change will be along within the next five years, but by that time we will have learned many things as to social insurance from our experience with industrial accident and occupational disease insurance, both of which we now have with us:

"The appointment by the governor of California of a commission to study social insurance, and the appropriation of \$20,000 for the purpose, is an evidence of the growing interest in this subject. The commission, consisting of five members, is not only directed to study social insurance systems at home and abroad, but is also empowered to recommend schemes for adoption by the state. California has just included occupational diseases within the scope of its workmen's compensation act, and the next logical step is the introduction of an insurance scheme to care for all sickness among wage earners. The more efficient medical care which a system of health insurance would provide for the workers of California is as greatly needed as it was in Great Britain. With the initiation of medical benefit under the British compulsory insurance system, many persons for the first time were able to afford the luxury of medical attention, and for the first time physicians were able to treat disease in its incipient stages among the industrial population. English physicians are expressing their surprise at the mass of suffering which previously was uncared for. The failure of many persons in this country at present to receive medical care constitutes the best argument for a change to the more effectual provision for medical attention offered by health insurance. At this time, when attention is being focused on these forms of insurance new to this country, the American Association for Labor Legislation, after three years of careful study, has prepared the draft of a health insurance bill which, it is announced, will be introduced into several legislatures next winter. This activity justifies the prophecy, previously made by the Journal, that the enactment of workmen's compensation laws would lead to new measures for both health and accident insurance."